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AUG 12 1922

**ARIZONA STATE DEPARTMENT OF HEALTH**

## DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

**SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No. \* 125

Place of Birth.....*Tila*  
(Registration District)

County..... No..... St.....

SEX OF CHILD*	Twin <input checked="" type="checkbox"/>	}	and	}	Number in order of birth
<i>Females</i>	Triplet or other?				

\*DATE OF BIRTH\* July 16 1922  
(Month) (Day) (Year)

FULL\* FATHER  
NAME Charles Eugene Collins

FULL\*  
MAIDEN NAME *Ophelia Fenne Stegall* MOTHER

I HEREBY CERTIFY that the child described herein  
has been named

BERNIECE COLLINS  
(Give name in full) (Surname)

(Give name in full) Ophelia Stegall Collins  
(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

 10M 1-45

232-716-623